



Case 2:02-cv-05153-LDD
P.O. Box 17536
Portland, ME 04101-7536

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LISA M BAILY
4098 LOCUST DR

NORTHAMPTON, PA 18067-9513

MEMBER: LISA M BAILY
MEMBER ID NO: 0172563732
CUSTOMER NAME: AETNA INC.
CUSTOMER CSA: 698456-22-001
REFERENCE NO: 1833-5060-0000
CLAIM ADMINISTRATOR: AETNA LIFE INSURANCE COMPANY

09/05/2001

This is in response to your request for disability (re)certification for your absence from work commencing on 08/02/2001.

CERTIFICATION DECISION			
FROM DATE	NUMBER OF DAYS	THROUGH DATE	DECISION
08/08/2001	0		Denied-SEE REMARK #1

Remark #1: To be disabled under your plan, you must be unable to perform the material duties of your own occupation solely because of injury or illness. Based on the medical information provided to Aetna your absence does not meet this definition. If you have any additional medical information you want considered, please send it as soon as possible to the address below.

Your supervisor will determine if your disability can be considered under the Family and Medical Leave Act.

When we consider a person's eligibility for benefits under the provisions of their disability plan, we generally seek the following information for each diagnosis:

What is the specific supporting clinical and diagnostic information for each diagnosis? This includes history, physical exam, laboratory and radiological findings.

A description of the current treatment plan for each diagnosis.

Specific plans for any further tests, consultations, and possible treatments, as well as the estimated length of time for treatment of each diagnosis.

Clear identification of the current medical providers and the specific diagnoses that each is treating. If one physician is coordinating care, please clearly identify that physician.

Clear statements regarding any functions that are limited because of each diagnosis.